



Mobile Crisis Management

Training materials developed for NC Division of MH/DD/SAS by Behavioral Healthcare Resource Program/Jordan Institute for Families/School of Social Work/ University of North Carolina at Chapel Hill (12/06)

Consumer Flow Chart for New Medicaid and New State Funded Consumers



= Client Choice



= Utilization Review
& Authorization by
Value Options (Medicaid)
& LME (State)

Emergent = Response initiated within 1 hr.;
Face to face service within 2 hrs. of contact.

Urgent = Appt. within 48 hrs.

Routine = Appt. within 7 calendar days

24 / 7 Initial Contact with the LME/Provider

Telephonic or Face to Face (uniform portal)

MH/DD/SA
problem?

NO

Referral: To another type of
non MH/DD/SA community
services provider

YES

LME STR Screening

Basic demographics
Severity of need

Brief clinical history
Financial eligibility

Non-Target:

Encourage LME to start
natural community
supports and/or county
funded community-
based programs

Crisis Services

Clinical evaluation
Facility Based Crisis Program
Detox (4 levels)
Inpatient hospitalization
Brief Intervention
Community Hospital ER
State Operated Facilities
Mobile Crisis Services



Triage:
Emergent?

YES

NO

Presumed
Member of a
Target Population?

NO

YES

**ENHANCED
BENEFITS**

Medicaid
Eligible?

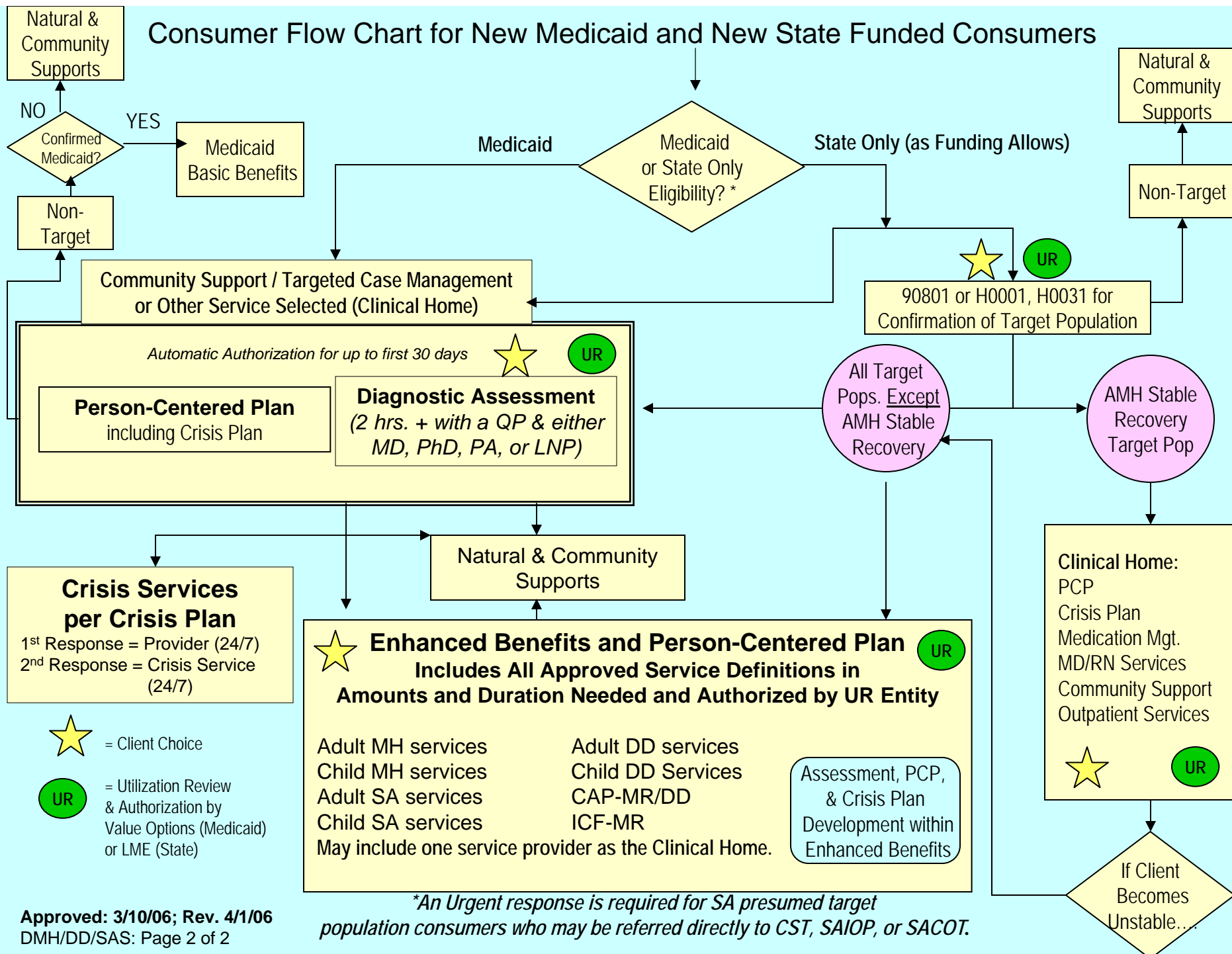
YES

NO

Directly enrolled provider
for **BASIC BENEFITS**
(8/26 units of service paid by
Medicaid)



Consumer Flow Chart for New Medicaid and New State Funded Consumers





Mobile Crisis Management

“Mobile Crisis Management involves all support, services, and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities.”

(DMH/DD/SAS Service Definitions, 2005)

Required Components Of Mobile Crisis

- “Involves all support, services and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities”
- Services are available at all times, 24/7/365.
- Crisis response includes:
 - ◆ Immediate evaluation
 - ◆ Triage and access to acute MH/DD/SAS services, treatment, and supports
 - ◆ Immediate telephonic response
 - ◆ Mobile Crisis Management also includes crisis prevention and supports that are designed to reduce the incidence of recurring crises.

Entrance Criteria

- A person is eligible for Mobile Crisis Management when he/she...
 - A. Is experiencing an acute immediate crisis
 - AND**
 - B. Has insufficient or limited resources/skills to cope with the immediate crisis
 - OR**
 - C. Shows impairment in judgment, impulse control, cognitive/perceptual difficulties
 - OR**
 - D. Is intoxicated or in need of substance abuse treatment services



Provider Requirements

- Mobile Crisis Management services must be delivered by a team of practitioners employed by a mental health/substance abuse/developmental disability provider organization that meets the provider qualification policies and procedures established by DMH and the requirements of 10A NCAC 27I.0208 (Endorsement of Providers).



Mobile Crisis Management Staffing Requirements

Mobile Crisis Management services must meet the following requirements:

- The service is provided by a team
- The QP of the team, and must be either a nurse, clinical social worker, or psychologist
- A Certified Clinical Supervisor (CCS), Licensed Clinical Addictions Specialist (LCAS) or Certified Substance Abuse Counselor (CSAC) is a member of the team
- A Board Certified or eligible Psychiatrist must be available for consultation 24/7/365
- A QP or AP with experience in Developmental Disabilities must also be available to the team



Mobile Crisis Management Staffing Requirements

- Staff providing crisis management services must have a minimum of one (1) year of experience providing crisis management services in one of the following settings:

- ◆ Assertive outreach
- ◆ Assertive community treatment
- ◆ Emergency department
- ◆ Or other service providing 24/7 crisis response

AND

- ◆ Twenty (20) hours of training in appropriate crisis intervention strategies within the first 90 days of employment



Mobile Crisis Management

Service Type/Setting

- Direct and periodic service that is available at all times
- Services are primarily billed face-to-face
 - ◆ Eighty percent (80%) of units are provided face-to-face
- Assessment occurs in the least restrictive environment and is provided in or as close to the person's home as possible
 - ◆ The assessment should identify the appropriate crisis stabilization intervention



Program Requirements

- Mobile Crisis Management services must be capable of addressing all psychiatric, substance abuse, and developmental disability crises for all ages
 - ◆ Goal is to help restore (at a minimum) an individual to his/her previous level of functioning.
- Mobile Crisis Management services may be delivered by one (1) or more individual practitioners on the team.
- For recipients new to the public system, Mobile Crisis Management must develop a Crisis Plan before discharge.



Mobile Crisis Management Utilization Management

- Services are billed in 15 minute increments
- No prior authorization is required for the first 32 units (8 hours) of crisis services.
 - ◆ Additional authorization must occur after 32 units of services have been rendered
- Maximum length of service is 24 hours per episode



Continued Stay Criteria

- The recipient's crisis has not been resolved or their crisis situation has not been stabilized, which may include placement in a facility-based crisis unit or other appropriate residential placement.



Discharge Criteria

- Recipient's crisis has been stabilized and his/her need for ongoing treatment/supports has been assessed. If the recipient has continuing treatment/support needs, a linkage to ongoing treatment or supports has been made.



Expected Outcomes

- Crisis prevention and intervention strategies which assist the recipient in managing, stabilizing or minimizing clinical crisis or situations.
- This service is designed to:
 - ◆ Rapidly assess crisis situations and a recipient's clinical condition
 - ◆ Triage the severity of the crisis
 - ◆ Provide immediate, focused crisis intervention services which are mobilized based on the type and severity of crisis.



Documentation Requirements

- Minimum standard is a daily full service note that includes:
 - ◆ Recipient's name
 - ◆ Medicaid identification number
 - ◆ Date of service
 - ◆ Purpose of contact
 - ◆ Describes the provider's interventions
 - ◆ Includes the time spent performing the interventions and effectiveness of the intervention
 - ◆ Signature of the staff providing the service.
- Treatment logs or preprinted check sheets will not be sufficient to provide the necessary documentation



Service Exclusions

- Assertive Community Treatment, Intensive In-Home Services, Multisystemic Therapy, Medical Community Substance Abuse Residential Treatment, Non-Medical Community Substance Abuse Residential Treatment, Detoxification Services, Inpatient Substance Abuse Treatment, Inpatient Psychiatric Treatment, and Psychiatric Residential Treatment Facility except for the day of admission.
- Mobile Crisis Management services **may be** provided to an individual who receives inpatient psychiatric services on the same day of service.